BEST AVAILABLE COPY

	PAIENTA	Effect	ive Octob	HD		9/	8	67,	634			
CLAIMS AS FILED - PART I (Column 1) (Column								MALL EI	YTITY	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			13					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		8.	ASIC FEE	355.00	OR	BASIC FEE	·
TOTAL CHARGEABLE CLAIMS			12 minus 20=		•			X\$ 9=		OR	X\$18=	<u> </u>
INDEPENDENT CLAIMS			2 minus 3 =		•			X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				+135=			OR	+270=	
• 11	the difference	in column 1 is	less than ze	ro, enter	r *0* in c	0" in column 2		TOTAL		OR	TOTAL	210
	C	LAIMS AS A	MENDED					SMALL ENTITY			OTHER THAN SMALL ENTITY	
		(Column 1) CLAIMS		(Colur HIGH		(Column 3)	, <u> </u>	OMALL		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 8	Minus	2	0	= 🦳		X\$ 9=		OR	X\$18=	
	Independent • 2 FIRST PRESENTATION OF MU		Minus ••• 7		3	=		X40=		OR	X80=	
	THE THESERVATION OF MOLTIFEE DEFENDENT				CLAIM			+135=		OR	+270=	
	·									OR	TOTAL	
		AU	DIT. FEE			ADDIT. FEE						
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colui HIGH NUM PREVIO PAID	IEST BER DUSLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	
	Independent	pendent • Minus ••• ST PRESENTATION OF MULTIPLE DEPENDENT CLA			=		X40=	· · · · · · · · · · · · · · · · · · ·	OR	X80=		
	FIRST PRESE	NIAHON OF MO	JUIPLE DEF	ENDEN	CLAIM			⊦135 =			+270=	
								TOTAL		OR	TOTAL	
							AD	DIT. FEE		OR	ADDIT. FEE	
		(Column 1) CLAIMS		(Colur		(Column 3)	ı	•			•	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	,	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***	COL 415.	=		X40=	·	OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											+270=	
+135= * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **ADDIT SEE										OR OR	TOTAL	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in											ADDIT. FEE	
	i ne "Highest Nur	nper Previously Pa	of For (Total o	r Independ	ent) is the	highest numbe	er found	in the app	propriate bo	k in col	umn 1.	

Application or Docket Number